





IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Honorable Commissioner for Patents Post Office Box 1450 Alexandria, Virginia 22313-1450

Re: Application No.: 09/818,003

Applicants: Raymond F. RATCLIFF III

Filing Date

March 27, 2001

For:

METHOD AND APPARATUS FOR SHARING

INFORMATION USING A HANDHELD DEVICE

Dear Sir:

Attached hereto for filing are the following papers. The fee has been calculated as shown below.

Brief in Support of an Appeal;

Request for Extension of Time Five Months;

Fee Transmittal (In Duplicate)

SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	OR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)			
Total	49	Minus 52	Minus	=0	x \$25	0.00			
Independent	11	Minus 12	Minus	=0	x \$100	0.00			
First Presentation of Multiple Dependent Claim									
Total Additional Claim Fees									

Our check in the amount of \$1,330.00 covering any required fees is attached hereto. In the event any variance exists between the amount enclosed and the Patent Office charges for filing the above-noted documents, including any fees required under 37 C.F.R. 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 50-3266. Further, if these papers are not considered timely filed, then a request is hereby made under 37 C.F.R. 1.136 for the necessary extension of time. A duplicate copy of this form is submitted herewith.

Respectfully submitted,

DLA PIPER RUDNICK GRAY CARY US LLP

Dale S. Lazar

Registration No. 28,872

Dated: July 3, 2006

PTO/SB/17 (01-06)

JIII. 03 2006 Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
a collection of information unless it displays a valid OMB control number

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Fees pursuant to the Consolid	Complete if Known											
FEE TRANSMITTAL				Application Number		09/818,003						
F	Filing Date		March 27, 2001									
T,	First Named Inventor		Raymond f. RATCLIFF III									
	Examiner Name		K.H. Shin									
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2143						
Total Amount of Payment \$1,330.00				Attorney I	Docket No.	6001-001-52						
METHOD OF PAYMENT (check all that apply)												
Check Credit Card Money order None Other (please identify):												
Deposit Account Deposit Account Number: 50-3266 Deposit Account Name: For the above-identified deposit account, the director is hereby authorized to: (check all that apply)												
Charge fee(s) indicated below Check an unit apply Charge fee(s) indicated below, except for the filing fee												
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR ☐ Credit any overpayments												
1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on												
PTO-2038.												
FEE CALCULATIO					ct to a surcharge.))		<u> </u>				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES												
		NG FEES	SEARCH		EXAMINAT			E D. 11(6)				
Application Type	Fee(\$)	Fee Code		Fee Code	<u>Fee(\$)</u>	Fee Co		Fee Paid (\$)				
Utility	300	1011	500	1111	200	131						
Design	200	1012	100	1112	130	131						
Plant	200	1013	300	1113	160	131						
Reissue	300	1014	500	1114	600	131	4					
Provisional	200	1005	0	0	0	0						
2. EXCESS CLAIM FI	CES											
Fee Description Fe				<u>'ee (\$)</u>			Fee Code					
Each claim over 20 (including Reissues)				50			1202					
Each independent claim over 3 (including Reissues)				200			1201					
Multiple Dependent clai	ms			360		1203						
Total Claims	tal Claims Extra Claims		<u>Fee (\$)</u>		<u>Multi</u>	Multiple Dependent Claims						
	- 20 or HP =		х		-		<u>Fee (\$)</u>					
HP = highest number of	total claims p	_										
Indep. Claims		<u>Extra</u>	Claims	<u>Fee (\$)</u>	•							
	- 3 or HP =		х		-			•				
HP = highest number of	independent	claims paid for, if g	greater than 3.									
3. APPLICATION SIZ		1100 1	(12:	i.a.lla. Ælad aa		istinas und	lor 27 CED 1 52(a))	the application size				
If the specification and dr fee due is \$250 (\$125 for	awings excee small entity) f	d 100 sheets of pape or each additional 50	r (excluding electro) sheets or fraction t	nically filed se thereof. See 35	SQUENCE OF COMPUTER IT SU.S.C. 41(a)(1)(G) a	ind 37 CF	R 1.16(s).	, the application size				
Total Sheets	Extra S	<u>Sheets</u>	Number of each a	dditional 50 o	r fraction thereof	Fee(\$) <u>F</u>	ee Paid (\$)				
- 100	=		(round u	ip to a whole n	umber) x		-	=				
4. OTHER FEE(S)												
2402 Filing a Brief in sup	port of an app	peal /	Λ					<u>250.00</u>				
2255 Extension for response within fifth month 1.080.00												
SUBMITTED BY												
Signature		MULA	1/	1			Telephone 703-	773-4149				
Name (Print/Type)	Dale S. I	azar	Reg.	No (Attorne	y/Agent) 28,872		Date July 3, 200)6				